

- Following changed framework conditions, there were decreases in the total duration of physical restraint and the number of restraint events per restrained treatment case [10] ratio of five-point/ seven-point restraint events reduced significantly and continuously.

Conclusions: The amendments in statutory framework for the use of physical restraints made personnel more aware of the issue and consequently led to changes in restraint practice at our emergency psychiatric unit. These effects were partially cancelled by the increases in the severity of diseases during the pandemic.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry 01

EPP0331

Antipsychotics in off-label use: prescription practices, benefits and risks Results from APSY Oulu study

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Introduction: Use of antipsychotics (APs) has increased worldwide during last decades. Main reason for this is off-label use, and especially the use of quetiapine for insomnia and anxiety. There is an insufficient amount of knowledge about the prescription habits and the effects of APs in off-label use. For example, APs have shown efficacy in the treatment of anxiety, but long term follow-ups are rare. Only two trials on effects of quetiapine in primary insomnia exist, without much evidence. Some small studies have indicated that even relatively small doses of APs may cause side-effects, such as increased weight and metabolic changes.

Objectives: The aim of the APSY Oulu project is to analyse the prescriptions and use of APs off-label, and benefits and risks of APs in off-label use.

Methods: In 2019 a questionnaire study for doctors in different health care organisations in Finland was performed. The purpose of the questionnaire was to find out the physicians' prescription habits, thoughts and experiences concerning APs, especially in off-label use. In ongoing clinical study we will investigate whether the use of most frequently used off-label AP quetiapine will associate to changes in participants' overall health, mental symptoms or cognitive functions during 6-12 months follow-up. In addition, in general population sample, we will compare characteristics and clinical outcomes of 137 persons being prescribed APs off-label and comparison groups.

Results: Based on questionnaire for Finnish physicians (n=216), APs off-label prescriptions are mostly for insomnia and anxiety, most common drug being quetiapine. APs are being prescribed off-label by GPs, occupational health doctors and psychiatrists. The monitoring of metabolic values was not very common: 44% of the psychiatrists and 18% of other physicians reported to follow-up metabolic values of the patients (Penttinen J et al. *Psychiatria Fennica* 2021;52:22-). We have collected pilot sample of

10 individuals starting quetiapine for insomnia. They all had severe or very severe symptoms of insomnia, and used very small dose of quetiapine (mostly 12,5-25mg). Four of them used quetiapine still at the 12 months follow-up, and their insomnia symptoms decreased during the follow-up. Side effects were common (e.g. increase heart rate, drowsiness) and caused discontinuation of quetiapine for some persons. In the general population based Northern Finland Birth Cohort 1966 individuals who had been prescribed APs off-label had poorer health, lower socioeconomic status, consumed more alcohol and smoked more often compared with individuals with non-psychotic mental disorders without APs off-label (Pirhonen E et al. *Acta Psychiatr Scand.* 2022;146:227-).

Conclusions: Off-label prescriptions and use of APs is common. Further studies on APs off-label use and its safety are needed. There is a need for guideline on monitoring the patients during APs in off-label use.

Disclosure of Interest: None Declared

EPP0332

Factors associated with happiness and life satisfaction among workers

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Introduction: In modern society, mental health in the workplace is increasingly considered an important issue and a major political agenda. Many studies have reported negative mental health risk factors or psychopathologies such as depression, anxiety, and suicidal inclination among workers. Accordingly, there are ongoing debates on the importance of establishing a system to screen and treat psychopathologies, such as the assessment of depression and anxiety. However, the absence of psychopathology or negative psychiatric factors does not guarantee good mental health. Mental health is a more comprehensive and complex concept. According to the World Health Organization, mental health is the state in which an individual can cope with routine stressors in life, work productively, and contribute to their organizations. Hence, it is needed to directly measure workers' mental health in terms of happiness and life satisfaction.

Objectives: To comprehensively investigate workers' mental health, we explored factors associated with happiness and life satisfaction among workers using nationally representative data.

Methods: We performed multiple regression analysis, with happiness and life satisfaction set as the outcome measures, and socio-demographic factors and work-related factors as the predictive variables.

Results: A total of 7,797 participants (4,428 men [56.8%]) with a mean age of 46.58 years (SD = 13.50) were included in the analysis.

Job satisfaction ($\beta = 0.154$, $p < 0.001$) and self-rated health ($\beta = 0.175$, $p < 0.001$) were the most strongly associated with happiness. Organizational commitment, region of work, average monthly income, education level, and number of guaranteed leaves were also strongly associated with happiness and life satisfaction. Life satisfaction had the highest adjusted R^2 at 0.423. The adjusted R^2 for happiness and the ladder approach were 0.283 and 0.213, respectively. The variance inflation factor was below 10, and residuals were below 0.1 for all predictor variables.

Conclusions: Our results indicated that personal and work-related factors were associated with the happiness and life satisfaction of workers. Among work-related factors, subjective, intrinsic rewards such as job satisfaction and organizational commitment were more strongly associated than external rewards such as average monthly income or guaranteed vacations. These findings may be useful foundational data in devising policies and interventions to promote workers' happiness and life satisfaction.

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EPP0333

A systematic review on the link between adverse childhood experiences (ACE) and later involvement in gang violence and extremist groups

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Introduction: Adverse childhood experiences are common and have been linked to a number of physical illnesses, as well as socioeconomic problems. Moreover, it has been proven that ACEs can increase chances of people showing criminal behaviour. The question arises whether people with ACEs also have an increased chance of joining extremist groups or violent gangs.

Objectives: The aim of this systematic review is to measure the ACE rates in violent extremists and gangs and to establish whether there is a pattern linking ACEs to violent extremist organizations and gangs.

Methods: The following databases were searched to retrieve relevant studies: the ProQuest Social Science database, Pubmed, Scopus. Eligible studies were articles of any study design that reported ACE rates in either extremists or gang members. Data was extracted and organized into a table and a quality assessment was performed using standardized tools (CASP and NHLBI). A narrative synthesis of the evidence was conducted. A meta-analysis could not be performed due to the heterogeneity of the studies.

Results: 22 studies (eight on extremists and fourteen on gang members) were included. The studies varied in terms of research design, sample size, location and measured ACEs. Quality also varied across the studies. The prevalence rates were heterogenous and ranged from 0% to almost 100%.

Physical abuse was the most addressed ACE (5 studies on extremists and 11 on gang members). Sexual abuse was the second most

explored ACE (4 studies on extremists and 9 studies on gang members). Neglect and caregiver loss were also common ACEs, while the other ACEs were less represented in the two subpopulations. A comparison between the two subpopulations was difficult due to the differences in the studies.

Conclusions: While overall ACE rates were high in the two groups and some ACEs were salient in the two subpopulations, quality of evidence varied across the studies. No solid ACE pattern across the studies could be found. Moreover, there were only two prospective studies on gang members and none on extremists, so a causal relationship between ACEs and involvement in violent gangs or extremist organizations could not be established. Future research should concentrate on studies of this design, as well as on improving the quality of the evidence.

As ACEs are extremely common, researchers should also look beyond them when searching for causes of extremism or violent gang membership. Other negative events (bullying, racism) should also be explored.

Disclosure of Interest: None Declared

EPP0334

Long-term prediction of multidimensional social inclusion among patients with schizophrenia spectrum disorder

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Introduction: Poor social inclusion, as a cause and consequence simultaneously, has been associated with schizophrenia spectrum disorder (SSD). It can bring a substantial burden to individual families and the society. Previous studies lack 1) the quantitative exploration of (multidimensional) social inclusion which can enable the measurement and monitor of the level of social integration, 2) longitudinal and multivariate study designs, and 3) methodological comparison between the traditional and data-driven approaches for a better clinical suitability of monitoring and managing social inclusion.

Objectives: To build and compare 3-year models predictive of multidimensional social inclusion (mSI) among the SSD patients, using standard and data-driven approaches.

Methods: We used the baseline and 3-year follow-up data of 1,119 patients from the Genetic Risk and Outcome in Psychosis. Social functioning (Social Functioning Scale, SFS) and quality of life (the brief version of the World Health Organization Quality of Life,